


KAP 102 DIV

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Aaron V. Kaplan et al. )  
For: Methods and Apparatus )  
for Transpericardial Left )  
Atrial Appendage Closure )

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on November 5, 2001.

  
Gary W. McFarron  
Reg. No. 27,357

Commissioner for Patents  
Washington, DC 20231

PRELIMINARY AMENDMENT

Prior to calculation of the filing fee for this divisional application, please amend the application as follows:

In the Specification:

Before the first line, insert the following sentence – This application is a divisional of co-pending application Serial No. 09/315,601, filed on May 20, 1999. –

In the Claims:

Cancel claims 1-9 and 27-28.

REWRITTEN CLAIMS IN CLEAN FORM

Please amend Claim 26 as follows:

26. (Amended) A kit comprising:

a closure device; and

instructions for use setting forth a method comprising:

positioning a closure instrument through a percutaneous passage into a

pericardial space beneath the rib cage, over an epicardial surface, and adjacent to the left atrial appendage, without passing through the pleural space; and

closing the left atrial appendage using the closure instrument.

REMARKS

This application is a divisional application based on Serial No. 09/315,601, filed May 20, 1999. A restriction requirement was entered in the parent application and applicant elected claims 1-9 and 26-28 and cancelled claims 10-25 as drawn to a non-elected invention. Claim 26 also was cancelled. The present application is filed to prosecute claims 10-25 and 26. Accordingly, claims 1-9 and 27-28 are cancelled herein.

Respectfully submitted,



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VERSION WITH MARKINGS TO SHOW CHANGES MADE

26. (Amended) A kit comprising:

a closure device; and

instructions for use setting forth a method comprising: [as in claim 1.]

positioning a closure instrument through a percutaneous passage into a  
pericardial space beneath the rib cage, over an epicardial surface, and adjacent to the left atrial  
appendage, without passing through the pleural space; and  
closing the left atrial appendage using the closure instrument.